

# DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor(s), I/We hereby declare that:

My/Our residence(s), post office address(es) and citizenship(s) are as stated below my name(s).  
I/We verily believe I am/we are the original, first and sole/joint inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## PROCESS FOR PRODUCING FINE MEDICINAL SUBSTANCES

and the specification of which ☒ is attached hereto (Attorney Docket No. **FI5026 US PCT**)  
(check one) ☐ was filed on \_\_\_\_\_ as U.S. Application Number \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable).  
☐ was described and claimed in PCT Int'l Application Number \_\_\_\_\_ filed on \_\_\_\_\_  
and as amended under PCT Article 19 on \_\_\_\_\_ (if any).

I/We hereby state that I/We have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment referred to above.

I/We acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 C.F.R. 1.56.



I/We hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one other country other than the United States of America, listed below and having a filing date before that of the application on which priority is claimed. I/We have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Foreign  
Priority:

**9919693.3**  
Number

**Great Britain**  
Country

**August 19, 1999**  
Day/Month/Year Filed

Prior  
Foreign  
= Appln(s):

Number

Country

Day/Month/Year Filed

I/We hereby claim the benefit under Title 35, United States Code §119(e) of any United States Provisional application(s) listed below:

Number

Filing Date



I/We hereby claim the benefit under Title 35, United States Code §120 or 365(c) of any United States application(s) or international application designating the United States listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I/We acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

**PCT/GB00/03178**  
Application Serial No.

**August 18, 2000**  
Filing Date

**Completed**  
Status (Patented, Pending)

I/We hereby appoint the attorneys and/or agents associated with the Customer No.(s) provided below as my/our attorneys and/or agents with full power to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

**Customer No.: 005487**

I/We hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States code §1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventors(s): ☐ Additional names and signatures are attached.

1. Full name: Dominique Begon

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Country of Citizenship: France

Residence: Decines, France  
(City and State/City and Country only)

P. O. Address: c/o Aventis Pharma Limited  
Aventis House, 50 Kings Hill Avenue  
West Malling, United Kingdom, ME19 4AH

3. Full name: Michael Kohl

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Country of Citizenship: France

Residence: Decines, France  
(City and State/City and Country only)

P. O. Address: c/o Aventis Pharma Limited  
Aventis House, 50 Kings Hill Avenue  
West Malling, United Kingdom, ME19 4AH

5. Full name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Residence: \_\_\_\_\_  
(City and State/City and Country only)

P. O. Address: \_\_\_\_\_  
\_\_\_\_\_

7. Full name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Residence: \_\_\_\_\_  
(City and State/City and Country only)

P. O. Address: \_\_\_\_\_  
\_\_\_\_\_

2. Full name: Guillaume Pfefer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Country of Citizenship: France

Residence: Decines, France  
(City and State/City and Country only)

P. O. Address: c/o Aventis Pharma Limited  
Aventis House, 50 Kings Hill Avenue  
West Malling, United Kingdom, ME19 4AH

4. Full name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Residence: \_\_\_\_\_  
(City and State/City and Country only)

P. O. Address: \_\_\_\_\_  
\_\_\_\_\_

6. Full name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Residence: \_\_\_\_\_  
(City and State/City and Country only)

P. O. Address: \_\_\_\_\_  
\_\_\_\_\_

8. Full name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Residence: \_\_\_\_\_  
(City and State/City and Country only)

P. O. Address: \_\_\_\_\_  
\_\_\_\_\_

Aventis Pharmaceuticals Inc.  
Patent Department  
Route #202-206  
P.O. Box 6800  
Mail Code EMC-G1  
Bridgewater, NJ 08807-0800  
Telephone (908) 231-4656  
Telefax (908) 231-2626